022819 Emma2

Volenski, Dina

From: Sent: Cantelme. Steve <cantelmes@sacoes.org> Thursday, February 28, 2019 10:10 AM

To:

'cdunsmoor@buttecounty.net'

Cc:

Cantelme. Steve

Subject:

Attachments:

City of Sacramento Reimbursement Docs for Town of Paradise for Camp Fire 2018 20190227193422456.pdf; EMMA Forms for Allison Nielson.pdf; 20190214110921233.pdf;

20190211122024271.pdf; Daniel Bowers.vcf

Hi Cindi.

Attached are the reimbursement documentation provided by the City of Sacramento for their animal control officers deployed to Butte County for the Camp Fire. The point of contact for the City of Sacramento for any questions or needs you might have for their deployment is Daniel Bowers and his contact information is below.

Daniel Bowers
City of Sacramento
OES Director

916-808-1833 Work -1 (530) 941-0944 Mobile DBowers@cityofsacramento.org

Thank you,

Steve

Stephen Cantelme
Chief
Sacramento OES
(916) 806-6596
cantelmes@sacoes.org
SACRAMENTO

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1. Incident Name:	IRE Per	Operational riod:	Date From: 11/ Time From: 0		Date To: Elale/12/18 Time To: HI/MMO
3. Name: JALE HUGG	41	CS Position: L EAD		5. Home	Agency (and Unit): Of SACRAMENT
6. Resources Assigned:			2000 2000	CITY	OI SHOKAMBUTI
Name		ICS	Position	Н	lome Agency (and Unit)
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7. Activity Log:					
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10					
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8. Prepared by: Name:	\ II	C. Dasilian Pri	Hay Charl A. A		1
ICS 214, Page 1	Jace Huggith		11 (a N/Dr	Signa	iture:
INO &IT, FRANCE		ate/Time: Date	e v oxfa	m	

FE	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD	MERGEN OUNT L	F HOMELICY MAN,	AND SE AGEMEN UMMAR	CURITY IT AGENC IY RECC	∴ SRD			PAGE	+	4	O.M.B. No. 1660-0017 Expires December 31, 2011	1660-0017 iber 31, 2011
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	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD	PAGE	N P P	2	O.M.B. No. 1660-0017 Expires December 31, 2011	60-0017 er 31, 2011
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CERTIFIED	Tare He mire Chaf AC	.0		DATE	7-17-1	0
FEMA Form 30-123, FEB 09	0		0	Jun O	Ju po tall 180	.80
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EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Incident N Assignme Position/T Shift (Day Assignme	nt Location (EOC, Comm ask: / Night):		.):		
Alert NRecruirAssignComm		Excellent Excellent Excellent al page if necessal	☐ Good ☐ Good ☐ Good ry):	Poor Poor	
TravelEOC IrDeploySOPs/ICommon	ment Support: Arrangements n-processing ment Support Kit Forms ents (Attach an addition	Excellent Excellent Excellent Excellent al page if necessar	Good Good Good Good ry):	Poor Poor Poor Poor	IN/A That - or COPS
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D. Genera Cons Out Poor	Comments/Suggesting fapur um k, Comas the	ons s the third I'd say	time I organize	- hu 1	and to fill search.

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APLICANT () Ly of Sacramento	PA ID NO.	PROJECT NO.	DISASTER	Am P Fire	
	· Age and	CATEGORY	PERIOD COVERING		
DESCRIPTION OF WORK PERFORMED A 1 in a (on the + 1 c e	les Dams	fild work	3	74	57
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I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER OOCUMENTS THAT ARE AVAILABLE FOR AUOIT,	TAINED FROM PAYROL RECOR	DS, INVOICES, OR	OTHER OOCUMENTS TH	AT ARE AVAILABLE FOR A	UOIT,
CERTIFIED JACE HUGGIZUS	An me	CHIL	F ANTWALL	DATE	2.27/9

FEMA Form 90-127, AUG 1D

1 Incident Name:		2. Operational Period:	Date From: ID	MIN Time To: HHMM
3. Name:		4. ICS Position:	0.0	5. Home Agency (and Unit):
Julian Rei	Malasa	Animal Control	afficer	City of Sacramouto Animal a
6. Resources Assi	T	100 0		
Ival	me	ICS Posit	ion	Home Agency (and Unit)
			<u> </u>	
7. Activity Log:				
Date/Time	Notable Activities			
		ato Field	CALCILAS	Acquarte C. augustus
	Cx. Sholter in	Dlace of Av	innals. All	14 for 14 kg Glad Of on
	dates of se	mice , sopreci	SP times	and lesarces appiand
	are no lan	ger availab	le.	requests for evacuation into use filled out on and Resources assigned
11/2/1/18				
3	SAN	l-		
11/27/18				
-/ -/	800 RE	ity Brufa		
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8. Prepared by:	Vame: CFnsch	Position/Title:	St. Animal G	Who Signature: Illishus
ICS 214, Page 1		Date/Time: Date	Officer	2/27/19

EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification) 3. Arrival Date/Time
CAMP FIRE		11/25/18 2000 11/21/18 670
4. Name of Released	Reymago	S. Position of Released
(Returning via Airline Name & Flight I	Yumber, POV.	
6. Transportation Type		
7. Actual Release Date/Time	8. MRT	
		Ission Tasking Number)
9. Destination (Location Agreed Upo		On the Count of the Count of the Country of the Cou
		ne, list Information below}
	Name:	
	Time:	,
11.Cell Phone or Emergency Contact	*	
	Date:	
12. EMMA Coordinator Name (Provi	ding Jurisdiction)	PACOES / GNOY MACHADO
		· Unit/Personnel
You have been released subject to sig	n off from the follow	/Ing:
(Demobilization Unit Leader check the	oppropriote box)	
Logistics Section		nment and Sign Off
f 3 F2222 0	EMMA Form 3 – Vo	luntary Performonce Rating Copy Provided? Y ' N
EMMA Coordinator	EMMA Form 4 - Exi	t Survey Provided? y N
{ } Supply Unit	-	
{ } Communications Unit		
{ } Facilities Unit		
Ground Support Unit	Field SW	put IZS
Plans/Intel Section	Con	ment and Sign Off
{ } Documentation Unit		
Finance/Admin Section	Con	ment and Sign Off
{ } Time Unit		
Other	Corr	ment and Sign Off
{ }		
{ }		
14. Remarks		
No one was	actum	ly dong Dernois preparwork
1S. Prepared by (include Date and Tin	ne) J. Huga	uns 2-27

EMMA	FORM	1- RE	SOURC	E REQ	UEST
& ASS	GNME	T			
(Rev. 2/27/1)	3)				

Pert A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be ettached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission & Mission # made

Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)

Incident Name: Comp five
Request Date / Time: pulliple

Approved RIMS Mission #: (May only be generated after EMMA resource

evelleble after Parts A end B are completed and attached. has been selected for assignment.)
PART B (To be completed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAMENTO
24 Hour Phone Number: (46) 547-557;7
EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUGGENS
Position/Title: (HIPF ANIMAL CONTROL Phone: (946) 597-5377. Alt Phone: () -
Fax: () - E-Mail: Shuggins@ cityof sucremento, over
Alternate Point of Contact (Optional):
Position / Title: Phone: () - , Alt Phone: () - ,
Fax: () - E-Mail:
Providing Jurisdiction Authorization: (The following signature of en euthorized officiel of the Providing Jurisdiction Indicates the Providing Jurisdiction has made a good-feith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is aveilable for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without relmbursement unless otherwise expressly provided for in a separate pre/post-event-agreement between the Requesting end Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.) Such an agreement does not guarantee state or federal reimbursement.) Signature
Potential EMMA Resource Information:
(For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)
Name: Whan Reynaya Cell Phone: Alt Phone: (916) mg = 277
Email: Sry ray a City of Sacramento or Available for the period specified above? Thes I No
Able to perform the tasks described above? No Security Clearance Yes No
Equipment needed for deployment as specified above is available? No Has been made aware of the expected working conditions?
Experience / EOC Position Credentlals: Current ALO wl Equipment & transpositions / Licenses:
Emergency Contact Name: Relationship: Cell Phone: Alt Phone:
Additional Comments:

Time Reported by Date by EmpilD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmpiD - 0006808

Sacpy07

21001421 0008808 Reynaga, Julian Armando 21001421 0008808 Reynaga, Julian Armando 21001421 0006808 Reynaga, Julian Armando	11/23/2018 11/23/2018 11/25/2018 11/29/2018 11/21/2018	HOL HYE SH	0.00		
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0006808 0006808 0006808	12/5/2018	REG	8.00	30,02	240.13
0006808	12/9/2018	REG	8.00	30.02	240.13
0006808	12/10/2018	REG	8.00	30.02	240.13
	12/11/2018	REG	8.00	30.02	240.13
:1001421 0006808 Reynaga, Julian Armando	12/12/2018	REG	8.00	30.02	240.13
Totals for Reynaga, Julian Armando		1	165.00		3,301.79
Totals for Department - Animal Enforcement/Field Ser		1	165.00		3,301.79

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FEDE FORCE	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD	OF HOMI ENCY MA LABOR	ELAND SE NAGEMEN SUMMA	CURITY NT AGENC RY RECO	≻ GB	,	PAGE		0F	O.M.B. No. 1660-0017 Expires December 31, 2011	1660-0017 nber 31, 2011
SACIOLINEALD (J.F.)	Animas	Na j Ca	Cartha	PAID NO.		PROJECT NO.	J NO.	SE C	Co Mo Gre	لو	
N.			Careta			CATEGORY	JRY	E -	ROD COVERING	TH 18 18 - 12 18 18	<u>⊗</u>
DESCRIPTION OF WORK PERFORMED		,									
Reported to to	to ye	Basa	ST TO	可可	retal S	erukes,	town of Paraelise for Getal Services, Information was filted at in	och con	A Sass	led at	<u>. 4</u>
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nd langer available.			-								
NAME		OATES AND		HOURS WORKED EACH WEEK	асн Week				COSTS		
JOB TITLE	OATE	11/23	•			•	TOTAL	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL
U CENVAGEL	REG,										
170	o.T. 11.5	0]		•	`		21.5	45,63			968.15
	REG,										
ЈОВ ТП.Е	0.T.										
	REG.										
्राण समाम	0.T.										
NAME	REG.										
JOB TITLE	0,T.										
		TOTAL COSTS		FOR FORCE ACCOUNT LABOR REGULAR TIME	LABOR REG	ULAR TIME					\$
		TOTAL	COST FOR FO	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	IT LABOR ON	ÆRTIME					\$968.15
I CERTIEY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	NFORMATION AB	OVE WAS O	BTAINED FRO	M PAYROLL	RECORDS, IN	VOICES, OR OTI	HER DOCUMENT	S THAT ARE AN	VAILABLE FOR	AUDIT.	
CERTIFIED HANSH					himal	ash	Tr. Arimal Carbon office.	. 1	DATE	2 (27/19	
FEMA Form 90-123, FEB 09											

1. Incident Name:		2. Operational Date From: 11/23 Date To: 11/26
R Camp five		Period: Time From: HIMM Time To: HHMM
3. Name:		4. ICS Position: 5. Home Agency (and Unit):
	DARMAN	Animal Control Fieldsono City of Sacramento
6. Resources Ass		
Na	me	ICS Position Home Agency (and Unit)
	-	
7. Activity Log:		
Date/Time	Notable Activitie	es
	T C	and or should in place of animals. all information
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	was tile	Lat time of sence so exact times are
	not availa	able.
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11/26/18		/
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	1900	the true to proper to
	1100	The state of the s
2 Draward has	Name O	E Ballingtin St. Co.
8. Prepared by:	Vame: Olegu	MSCH Position/Title: St. Anlyna Signature:
iCS 214, Page 1		Date/Time: Date

EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification) 3. Arrival,Date/Time
CAMP FIRE		11/26/18 2000hrs 11/23/18 7A
4. Name of Released Doughas		5. Position of Released Control Officer
(Returning via Airline Name & Flight N	umber, POV)	
6. Transportation Type		
7. Actual Release Date/Time	8. MRT	
9. Destination (Location Agreed Upo	n) 10. Not	Nission Tasking Number)
(Section (Section)	· ·	ified: Agency {) Region { } Area {) Dispatch (} one, list information below)
	Name:	, in all all all all all all all all all al
,		
11.Cell Phone or Emergency Contact #	Time:	
The state of miner Pench colleger in		
	Date:	,
12. EMMA Coordinator Name (Providence of Providence of Pro		Bac OES / GNDY MACHADO
Vous house been released as his at the sign		3. Unit/Personnei
You have been released subject to sig (Demobilization Unit Leoder check the	n on from the follo	wing:
Logistics Section		mment and Sign Off
		Diuntory Performance Rating Copy Provided? Y ' N
() EMMA Coordinator	EMMA Form 4 - Ex	it Survey Provided? Y N
{) Supply Unit		
{ } Communications Unit		
{ } Facilitles Unit		
Ground Support Unit	Field Sv	ppmA IZS
Plans/Intel Section	Co	mment and Sign Off
{ } Documentation Unit		
Finance/Admin Section	Cor	mment and Sign Off
{ } Time Unit		
Other	Col	mment and Sign Off
{ }		mment and Sign Off
{ }		
14. Remarks		
No one was	actum	ly dong Dernois preservork
15. Prepared by (include Date and Tlm	ne) \	7 7 7-
• • • • • • • • • • • • • • • • • • • •	J. Hun	abs 2-27

EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT	Request #: (Generated by Requesting Jurisdiction to match Parts A and B.)
(Rev. 2/27/13)	Incident Name: CAMP fire
Part A of this form must be attached to a RIMS Mission Request whan the	Request Date / Time: No 1
request is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource hes baen selected for assignment. The RIMS Mission Request may only be epproved and a Mission # made available efter Parts A and B are completed and attached.	Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for essignment.)
PART B (To be complete	ted by Providing Jurisdiction)
Providing Jurisdiction Name: C.ty of SACRAMO	070
24 Hour Phone Number: (9%) 549-557,7	
EMMA Coordinator / PRIMARY Point of Contact Name: 🔍	hee Huggins
Position / Title: CHIPF ANIMAL CONTROL PI	
Fax: () - E-Mail: Dhuggins@ Cityof.	sucramento, over
Alternate Point of Contact (Optional):	
Position / Title:	none: () · , Alt Phone: () · ,
Fax: () - E-Mail:	
EMMA Plan shall be without raimbursement unless otherwise expressly pro Providing Jurisdictions. Such an agraement does not guarantee stale or fer	e contract with the Requesting Jurisdiction. Mutuel eid extended under the vided for in e saparate pre/post-eyent agreement between the Requesting end deral reimbursement.)
JACE HUGGINS CHIEF ANIMAL CONTI	Signature
Potential EMMA F	Resource Information:
(For Requesting Jurisdiction only: Check this box to select	
Name: Ken Doughas Cells	Phone: Alt Phone: (96)54-5377
	Available for the period specified above?
	curity Clearance Yes No
Equipment needed for deployment as specified above is available?	Has been made aware of the expected working conditions?
Experience / EOC Position Credentials: Current Alo wil Equipment & trav	my
Special Skills / Certifications / Licenses:	
Emergency Contact Name: Relationship:	Cell Phone: Alt Phone:

Additional Comments:

Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0001708

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	ERTIFIED (ULM MANSA	K				の記を	mal G	artin 0	A. Co.	*		DATE 2	27/19	

1 Incident Name:		2. Operational Period:	Date From: 11					
Count tire			Time From: HI					
3. Name: Mayou Stua	p-d	4. ICS Position:	afficer	5. Home Agency (and Unit):				
6. Resources Assi		Phimal Control	UTILEV	City of Surmmento Anima	u Car			
Nar		ICS Posi	lion	Hama Aganay (and Hail)				
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7. Activity Log:					\longrightarrow			
Date/Time	Notable Activities							
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	1700 re	the home						
8. Prepared by:	Name: CFnscu	Position/Title:	Sr. Aminod (outo Signature: Ullighus				
ICS 214, Page 1		Date/Time: Date	Officer	2/27/19				
			<u> </u>					

EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION C	HECKOUT			
1. Incident Name/Number		2. Date/Time (Of Release Notification)	3. Arrival Date/Time			
CAMP FIRE		11/25/18 2100	11/27/18 070			
4. Name of Released MAKEIC	SLIWA	S. Position of Released	officer			
{Returning via Airline Name & Flight I	jumber, POV)					
6. Transportation Type	T					
7. Actual Release Date/Time	8. MRT	# lission Tasking Number)				
9. Destination (Location Agreed Upo	n} 10. Noti		Dispatch { }			
11.Cell Phone or Emergency Contact #	Time:					
	Date:					
12. EMMA Coordinator Name (Provi		Suc OES / GNOY MACH	A-00			
		. Unit/Personnel	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
You have been released subject to sig (Demobilization Unit Leader check the		ving:				
Logistics Section		mment and Sign Off				
	EMMA Form 3 - Vo	oluntory Performance Rating Copy Provided				
{ } EMMA Coordinator	EMMA Form 4 - Exi	It Survey Provided? Y N				
{ } Supply Unit						
{ } Communications Unit						
{ } Facilities Unit						
Ground Support Unit						
Plans/intel Section	Cor	nment and Sign Off				
{ } Documentation Unit						
Finance/Admin Section	Cor	nment and Sign Off	And the second s			
{ } Time Unit						
Other	Cor	nment and Sign Off	and the first the			
{ }						
{)						
14. Remarks						
No one was	qctun	ly dong Demois	paperwork			
15. Prepared by (include Date and Tin	ne) J. Hun.	uns 2-27				

EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT	Request #: (Generated by Requesting Annul Full Jurisdiction to match Parts A and B.) Incident Name: Cyang C
(Rev. 2/27/13)	Incident Name: Crange Car
Part A of this form must be ettached to a RIMS Mission Request when the request is submitted. Pert B must be atteched to the RIMS Mission Request when en EMMA resource has been selected for essignment.	Request Date / Time: White in the
The RIMS Mission Request may only be approved and e Mission # made evallable after Parts A and B are completed end attached.	Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)
PART B (To be complet	ed by Providing Jurisdiction)
Providing Jurisdiction Name: C.ty of SACRAMO	UTO
24 Hour Phone Number: (9%) 549-557;7	
EMMA Coordinator / PRIMARY Point of Contact Name:	NEE HUGGINS
Position / Title: CHIPF ANIMAL CONTROL PH	
Fax: () - E-Mall: Shuggins@ cityof:	sucramento, oreg
Alternate Point of Contact (Optional):	
Position / Title: Ph	one: () - , Alt Phone: () - ,
Fax: () - E-Mail:	
	urce(s) listed on this form is qualified to fulfill the corresponding request and is a contract with the Requesting Jurisdiction. Mutual aid extended under the
JACE HUGGINS CHIEF ANIMAL CONTR	OL /
Print Name and Title Office	Signature
Potential EMMA R	esource Information:
(For Requesting Jurisdiction only: Check this box to select	
Name: MARIK SLIW A Cell P	
Emall: @ Cityof Sacramento.org	Available for the period specified above?
Able to perform the tasks	urity Clearance Yes No
Equipment needed for deployment as specified above is available?	Has been made aware of the expected working conditions?
Experience / EOC Position Credentials:	
Current Alo we equipment & train	my
Special Skills / Certifications / Licenses:	U
Emergency Confact Name: Relationship:	Cell Phone: Alt Phone:

Additional Comments:

Time Reported by Date by EmpIID or Dept From 11/2/1/2018 to 12/1/4/2018 From Department 2/1001/011 to Department 2/1001/441 TRC - % and EmpID - 0003864

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mpild	Name	Date	TRC	Hours	Rate	Amount
003864	Sliwa, Marek	11/23/2018	CTO	2.00	30.02	60 03
003864	Sliwa, Marek	12/14/2018	СТО	1.00	30.02	30.02
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003864	Sliwa, Marek	11/21/2018	REG	8.00	30.02	240.13
203864	Sliwa, Marek	11/24/2018	REG	8.00	30.02	240.13
003864	Sliwa, Marek	11/27/2018	REG	8.00	30.02	240,13
003864	Siwa, Marek	11/28/2018	REG	8.00	30.02	240,13
0003864	Sliwa, Marek	11/29/2018	REG	8.00	30.02	240,13
003864	Sliwa, Marek ·	12/1/2018	REG	8,00	30.02	240.13
003864	Siwa, Marek	12/5/2018	REG	8.00	30.02	240.13
003864	Síwa, Marek	12/6/2018	REG	8.00	30.02	240.13
003864	Sliwa, Marek	12/7/2018	REG	8.00	30.02	240.13
003864	Sliwa, Marek	12/8/2018	REG	8.00	30.02	240.13
003864	Siwa, Marek	12/12/2018	REG	00.8	30.02	240 13
0003864	Sliwa, Marek	12/13/2018	REG	00.8	30.02	240.13
003864	Sliwa, Marek	11/25/2018	стот	2.00	30.02	60.03
	Totals for Sliwa, Marek			208.00		3,271.78
	Totals for Department - Animal			208.00		3,271.78

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			TOTAL CC	STFORE	ORCE ACC	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	R OVERTII	WE					\$121581
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	INFORMATION /	ABOVE	WAS OBT	AINED FR	OM PAYRO	LL RECORD	S, INVOICE	S, OR OTH	ER DOCUMENT	S THAT ARE A	VAILABLE FOR	AUDIT.	
CERTIFIED YNKW	ار					Anima	ed Ca	Sr. Animed Contact Of	other	1	DATE 2	2/27/19	(James
FEMIA Form 90-123, PEB 09													

1 Incident Name:		2. Operational Period:	Date From: 14		Date To: Dalk/2		
3. Name:	an	4. ICS Position:	affrer	5. Hom	e Agency (and Ur	rit):	
6. Resources Ass	signed:			IC CIN C	21 OUT MUHIPINIO	TRIIMIN (C)	
Na	ame	ICS Posit	ion	I	Home Agency (and	Unit)	
7. Activity Log:							
Date/Time	Notable Activities						
		d by Fraid	A A LA SE AS) - C	4	
	CV Challery	· Olaco - P in	services	Kan	eots to eve	icuation	
	Responded to Field services requests for evacuation cy shelterin place of Animals. All info was filled out an dates of service, so precise times and resources assigned are no larger available.						
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11/25/18							
11/25/18 0800 Richter Boules 4 (1/5					1)		
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8. Prepared by:	Name: CFnsc.u	Position/Title: <	Sr. Ammad a	uhol Sign	ature: (Illis	hus	
ICS 214, Page 1		Date/Time: Date	Officer		7/19		
			VILICA		115		

EMMA FORM 5 - IN	IDIVID	UAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number		2. Date/Time {Of Release Notification} 3. Arrival Date/Time
CAMP FIRE		11/25/18 8pm 11/25/18 7A
4. Name of Released Sean Color	·	S. Position of Released Control Officer
{Returning via Airline Name & Flight Number,	POV)	
6. Transportation Type		
7. Actual Release Date/Time	8. MRT	
		ission Tasking Number)
9. Destination (Location Agreed Upon)	10. Noti	o) ()u.u. [) intoputor
		ne, list information below}
	Name:	
	Time:	
11.Ceil Phone or Emergency Contact #		
	Date:	
12. EMMA Coordinator Name (Providing Juris	diction) S	PALOES / GLOV MACHANO
		· Unit/Personnel
You have been released subject to sign off from		
(Demobilization Unit Leoder check the oppropr	iote box)	
Logistics Section		nment and Sign Off
EMMA	Form 3 - Vo	luntary Performance Roting Copy Provided? Y ' N
{ } EMMA Coordinator EMMA	Form 4 - Exi	t Survey Provided? Y N
{ } Supply Unit		
{ } Communications Unit		
{ } Facilities Unit		
Ground Support Unit Fiel	DSW	put IZS
Plans/Intel Section	Con	nment and Sign Off
{ } Documentation Unit		
Finance/Admin Section	Con	nment and Sign Off
{ } Time Unit		
Other	Con	ment and Sign Off
{ }		
{ }		
14. Remarks		
No one was o	y ctum	ly dong Dernois proporwork
15. Prepared by (Include Date and Time)	. Huga	ns 2-27

Emergency Contact Name: Relationship:	Cell Phone: Alt Phone:
Special Skills / Certifications / Licenses:	
Current Alo will equipment & trans	mg -
Experience / EOC Position Credentials:	
Equipment needed for deployment as specified above is available?	Has been made aware of the expected working conditions?
Able to perform the tasks Tes No Sec	urity Clearance Yes No
Email: Scolar @ Cityof Saciamento.org	Available for the period specified above? Thes I No
	hone: Alt Phone: (96)54-5377-
(For Requesting Jurisdiction only: Check this box to select	EMMA resourde for assignment.)
	esource Information:
Print Name and Title Office	Signature
DACE HUGGINS CHIEF ANIMAL CONTROL Print Name and Title OFFICE	oi-
EMMA Plen shall be without reimbursement unless otherwise expressly providing Jurisdictions. Such an agreement does not guarantee state or fed	urca(s) listed on this form is qualified to fulfill the corresponding request end is e contract with the Requesting Jurisdiction. Mutual aid extended under the rided for in a separete pre/post-avent agreement between the Requesting end eral relimbursement.)
Fax: () - E-Mail:	
Position / Title: Ph	one: () - , Alt Phone: () - ,
Alternate Point of Contact (Optional):	
Fax: () - E-Mail: Shuggins@ Cityof:	sucramento, oreg
Position / Title: CHIFF ANIMAL CONTROL Ph	
-	
EMMA Coordinator / PRIMARY Point of Contact Name:	LE HUGETHS
24 Hour Phone Number: (916) 579-557.7	
Providing Jurisdiction Name: (.+ of SACRAMO	ed by Providing Jurisdiction)
Part A of this form must be attached to a RIMS Mission Request when the request is submittad. Part B must be attached to the RIMS Mission Request when en EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved end a Mission #made aveilable efter Parts A and B are completed and attached.	Request Date / Time: m. H. Plu Date > Approved RIMS Mission #: (May only be generated after EMMA rasource has been selected for assignment.)
(Rev. 2/27/13)	Incident Name: CAMP FINE
& ASSIGNMENT	[* · · · · · · · · · · · · · · · · · ·
EMMA FORM 1- RESOURCE REQUEST	Request #: (Generated by Requesting Animal Full Jurisdiction to match Parts A and B.)
Emergency Management Mutual Aid Plan	

Additional Comments:

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Time Reported by Date by EmpliD or Dept From 1/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0020082

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Deen Colan Brimm Control Officer	DATE	11/25/18						TOTAL	HOURLY	BENEFIT	TOTAL HOURLY RATE	TOTAL
AME	REG.											
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зв тт. Е	o,T.											
		TOI	TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME	OR FORCE	ACCOUNT	LABOR REGI	ULAR TIME					G
		,	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	FOR FORC	E ACCOUN	T LABOR OV	ERTIME					\$1334.95
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	INFORM	IATION ABOVE	WAS OBTAIN	VED FROM	PAYROLL R	ECORDS, IN	VOICES, OR OTH	HER DOCUMENT	S THAT ARE A	VAILABLE FOR	AUDIT.	
RTIPED				Т	TITLE			·	į	DATE	L L	

EMMA	FORM	1- F	RESOURCE	REQUEST
& ASSI	GNME	NT		

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be atteched to the RIMS Mission Request when en EMMA resource hes been selected for assignment. The RIMS Mission Request mey only be approved and a Mission # made eveileble after Perts A and B are completed end etteched.

Request #: (Generated by Requesting
Jurisdiction to match Parts A and B.)

Incident Name: CAMP Fine

Request Date / Time: Multiple /

Approved RIMS Mission #: (May only be generated efter EMMA resource has been selected for assignment.)

PART B (To be completed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAMENTO
24 Hour Phone Number: (916) 599-557-7
EMMA Coordinator / PRIMARY Point of Contact Name: JACE HUG6 INS
Position / Title: CHIEF ANIMAL CONTROL Phone: (906) 571-5377. Alt Phone: () -
Fax: () - E-Mall: Shuggins @ cityof sucramento, orey
Alternate Point of Contact (Optional):
Position / Title: Phone: () - , Alt Phone: () - ,
fax: () - E-Mail:
Providing Jurisdiction Authorization: (The following signature of an authorized officiel of the Providing Jurisdiction Indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is evailable for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shell be without reimbursement unless otherwise expressly provided for in a separate pre/post-eventy agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guerentee state or federal reimbursement.) ALE HUMINS CHIEF ANIMAL Country Print Name and Title Signature
Potential EMMA Resource Information:
(For Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.)
Name: John San Tran Cell Phone: Alt Phone: (96) 54-5377
imall: Attract Colyofsacamento.org Available for the period specified above? Thes I No
Able to perform the tasks
Equipment needed for deployment as pecified above is available? No Has been made aware of the expected working conditions? No No
experience / EOC Position Credentials:
Current Alo wil equipment & training
Special Skills / Certifications / Licenses:
special Skills / Certifications / Licenses: ()

Additional Comments:

Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0020506

Sacpy07

Amount	157.04	251.27	251.27	251 27	15.70	251.27	251.27	251.27	251.27	25127	254.27	251.27	251.27	251.21	254.27	17.107	25127	125.83	251.27	4 067 37	4,067.37	
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* OUT Rate Should be 1.5x

] FED FORC	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD	ECURITY NT AGENCY RY RECORD	PAGE	0F	O.M.B. N Expires Dec	O.M.B. No. 1660-0017 Expires December 31, 2011
SACIONALEND CH	the Authoria Carton	PAID NO.	PROJECT NO.	Camofive	Sylve Sylve	
LOCATIONISITE			CATEGORY	PERIOD COVE	11 118 18 - 12 18 118	18
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greater detail a	and swom when to NVADA at that time, specific start lend times are	VADA at that	thme . spec	TO SECT	end time	£ .
longer avoul	·)					
NAME	DATES AND HOURS	HOURS WORKED EACH WEEK		COSTS	TS	
JUL 1117E	DATE 11/23/18 1/28/18		TOTAL	HOURLY BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL
nson Tran	REG.					
Sasing Animal Control	o.r. 13 13		97	431.41		f1,224.99
NAME	REG.					
JOB 1171.E	0.T.					
NAME:	REG,					
JOB TITLE	O.T.					
NAME	REG,					
JOB 1171.E	0.T.					
	TOTAL COSTS FOR FOR	FOR FORCE ACCOUNT LABOR REGULAR TIME	표			u _t
	TOTAL COST FOR F	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME				\$ 1,224.99
I CERTIFY THAT THE	I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER OOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	OM PAYROLL RECORDS, INVOICES,	OR OTHER OOCUMENTS	THAT ARE AVAILABLE	FOR AUDIT.	
CERTIFIED		тие	·		DATE	
FEMA Form 90-123, FEB 09						

ACTIVITY LOG (ICS 214) 1. Incident Name: Date From: 11/23 + 27 Date To: 17/23 + 1/30 2. Operational Period: amp tire Time From: HHMM Time To: HHMM 3. Name: 4. iCS Position: 5. Home Agency (and Unit): ity of Sucramousto Animal Cartry, 1 WIM Animal Control a MIRT 6. Resources Assigned: Name **ICS** Position Home Agency (and Unit) 7. Activity Log: Date/Time Notable Activities Field cenices terin place of Animals. All into who filled at an of senice, so precise times available 1500 Name: CFnsch Position/Title: St. Amirnal Carton Signature: 8. Prepared by: ICS 214, Page 1 Date/Time: Date Officer

EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number		2. Date/Time, (Df Rejease Notification) 3. Arrival Date/Time
CAMP FIRE		11/30/18 1800 11/23/18 07
4. Name of Released CLint	on Ramirez	S. Position of Released Control Officer
(Returning via Airline Name & Filght I 6. Transportation Type	yumber, POV)	
7. Actual Release Date/Time	8. MRT /	
		ission Tasking Number)
9. Destination (Location Agreed Upo	n) 10. Notif	
	Name:	is in that of below)
11.Cell Phone or Emergency Contact	Time:	
	Date:	
12. EMMA Coordinator Name (Provid		ac OES / GNDY MACHADO
		Unit/Personnel
You have been released subject to sig (Demobilization Unit Leader check the	n off from the follow	ing:
Logistics Section		
		nment and Sign Off funtory Performance Roting Copy Provided? Y 'N
EMMA Coordinator	EMIMA Form 4 - Exit	Survey Provided? Y N
() Supply Unit		
Communications Unit		
() Facilities Unit		
Ground Support Unit	Feld SW	ent tes
lans/intel Section		ment and Sign Off
} Documentation Unit		
inance/Admin Section	Com	ment and Sign Off
} Time Unit		
Other	Com	ment and Sign Off
}		
}		
4. Remarks	·	
No one was	actum	ly dong Dernois paperwork
5. Prepared by (include Date and Tim	e) J. Hugg	h 2-27

EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT (Rev. 2/27/13)	Request #: (Generated by Requesting Jurisdiction to match Parts A and B.) Incident Name: CAMP Are
Part A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission Request when en EMMA resourca has been selected for essignment. The RIMS Mission Request may only be epproved end a Mission # made available after Parts A and B ere completed and ettached.	Request Date / Time: // // // / Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)
PART B (To be complet	ed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAME	UTO
24 Hour Phone Number: (46) 549-557,7	
EMMA Coordinator / PRIMARY Point of Contact Name:	nee Huggeins
Position / Title: CHIFF ANIMAL CONTROL PH	one: (946) 537-5377. Alt Phone: () - ,
Fax: () - E-Mail: Shuggins@ Cityof:	sucramento, orey
Alternate Point of Contact (Optional):	U
Position / Title:	one: () - , Alt Phone: () - ,
Fax: () - E-Mail:	
Providing Jurisdiction Authorization: (The following signature of a Jurisdiction has made e good-faith effort to ensure the potential EMMA resort available for deployment. It is understood that this form does not constitute EMMA Plen shell be without reimbursement unless otherwise expressly providing Jurisdictions. Such an agreement does not guarantee state or fed DALE HUGGINS CHIEF ANIMAL CONTRACTOR Print Name and Title	a contract with the Requesting Jurisdiction. Mutual eld extended under the ilded for in a separate pre/post-event agreement between the Requesting and eral relmbursement.)
Potential EMMA R	esource Information:
(For Requesting Jurisdiction only: Check this box to select	EMMA resource for assignment.)
Name: Chinton Ramvez Cell P Emall: Chamirez Chyofsacramento.org	Welleble for the newled are 151 1
Able to perform the tasks	urity Clearance Yes No
Equipment needed for deployment as specified above is available?	Has been made aware of the expected working conditions?
Experience / EOC Position Credentials:	
Current Aco we equipment & trans	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Special Skills / Certifications / Licenses:	
Emergency Contact Name: Relationship:	Cell Phone: Alt Phone:
Additional	Comments:

Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0020271

Sacpy07

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Totals for Department - Animal Enforcement/Field Ser

* OUT rate should be 1.5x

	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD	ENT OF ERGEN	HOMEL CY MANVABOR S	AND SE AGEMEN UMMA	CURITY IT AGEN IY REC	C.∀ 0RD	·		PAGE		OF.	O.M.B. No. 1660-0017 Expires December 31, 21	O.M.B. No. 1660-0017 Expires December 31, 2011
SACKALLAREND CHA		JIMA	Animal Carbo	l bd	PAID NO.		ш.	PROJECT NO.		SE O	DISASTER Camo five	9/	
LOCATION/SIDE PARACUSE, C		BUTE	Court	1 1				CATEGORY		Had	TOD COVERING	PERIOD CONFRING 11 18 18 - 12 18 18	8
	town of		drace	×	क्	Relat	Service	35, IN		thon the	A day	Paraelise for Georges, Intermotion was filted at in	, <u>4</u>
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AME		DA	DATES AND	HOURS	VORKED	HOURS WORKED EACH WEEK	X				COSTS		
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		TOT	TOTAL COSTS	FOR FOR	Æ ACCOUN	IT LABOR R	FOR FORCE ACCOUNT LABOR REGULAR TIME						49
			TOTAL CO	ST FOR FO	SCE ACCOL	TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME	OVERTIME						ho.sst.
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER OOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	NFORMATIO	N ABOVE	WAS OBTA	VINED FRO	W PAYROLL	RECORDS	INVOICES, C	R OTHER DOC	CUMENTS 1	HAT ARE AV	ALABLE FOR	AUDIT.	
रातिक					тпе						DATE		

1 Incident Name:	2. Operational Period:	Date From: \La	· v—	
3. Name: Nacmi-Beth McCall	4. ICS Position: Phyma Confro	0.0	5. Home Agency (and Unit): City of Sucramento Animal Ca	
6. Resources Assigned:			The same and the same to	
Name	ICS Pos	ition	Home Agency (and Unit)	
		AND		
7. Activity Log:				
Date/Time Notable Activitie	e			
Cu Classia	Responded to Field services requests for evacuation by shelter in place of Animals. All info was filled out on dates of service, so precise times and Resources assigned are no larger available.			
do so el s	dala of service (a credictor trutto was filled out on			
and 100 /	are no larger available			
	are no ange available.			
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12/2/18	June			
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ASSIGNMENS 0				
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800 Net	1800 Netur to Rich for to debruf \$ complete			
out.	- payerwork			
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7600 en	e) Shuft			
9 Proposed from 11 O day				
8. Prepared by: Name: CFnsch Position/Title: St. Animal Carbon Signature: Allystes				
ICS 214, Page 1 Date/Time: Date Officer 2 27 19				

EMMA FORM	5 - INDIVID	UAL DEMOBILIZATION C	HECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification)	3. Arrival Date/Time
CAMP FIRE		12/2/18 /860	11/30//8 0700
A Name of Palescool	McCare	5. Position of Released	
(Returning via Airline Name & Flight N	Jumber, POV)		
6. Transportation Type			
7. Actual Release Date/Time	8. MRT		
		Ission Tasking Number)	
9. Destination (Location Agreed Upor	,	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dispatch ()
		ne, list information below)	
	Name:		
	Time:		
11.Cell Phone or Emergency Contact #			
	Date:		
12. EMMA Coordinator Name (Providence)	ling Jurisdiction) C	050 10	
	· · ·	ac OES / Gardy MacH	400
		. Unit/Personnel	The second secon
You have been released subject to sign		ving:	
(Demobilization Unit Leader check the Logistics Section			
Logistics Section	,	nment and Sign Off	
{ } EMMA Coordinator	EMMA Form 4 - Exi	iuntary Performonce Roting Copy Provided t Survey Provided? Y N	. A . M
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
Ground Support Unit	Field Sy		
Plans/Intel Section	Con	nment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section	Con	nment and Sign Off	
{ } Time Unit		3,	1 4 4 5 5 5 5 7 1 1 1 3 4 5 7 5 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other	Con	nment and Sign Off	
{ }		ment alled sign on	A STATE OF THE STA
{ }			
14. Remarks			
No one was	actua	ly dong Dernois	paperwork
15. Prepared by (include Date and Tim	ne) \ \ \	7.7.7	
	J. 100%	uh 4-41	

EMMA	FORM	1-	RESOURCE	REQUEST
& ASS	GNME	NT		

(Rev. 2/27/13)

Part A of this form must be attached to e RIMS Mission Request when the request is submitted. Pert B must be attached to the RIMS Mission Request when en EMMA resource hes been selected for assignment. The RIMS Mission Request may only be epproved and a Mission # made available after Parts A and B are completed and ettached.

Request #: (Generated by Requesting Ammul Jurisdiction to match Parts A end B.)

Incident Name: Camp fin

Request Date / Time: ______

Approved RIMS Mission #: (Mey only be generated after EMMA resource has been selected for assignment.)

PART B (To	be completed by Providing Ju	urisdiction)
Providing Jurisdiction Name: City of	SACRAMONTO	
24 Hour Phone Number: (例6) 597-55元ナ	•	
EMMA Coordinator / PRIMARY Point of Conta	act Name: JACE HUGGIUS	
Position / Title: CHIEF ANIMAL	CONTROL Phone: (946) 539-5377.	Alt Phone: () - ,
Fax: () - E-Mail: Shuggin	se city of sucramento, ory	
Alternate Point of Contact (Optional):	g .	
Position / Title:	Phone: () · ,	Alt Phone: () - ,
Fax: () - E-Mail:		
Providing Jurisdiction Authorization: (The folio Jurisdiction has made e good-faith effort to ensure the polioval experiment. It is understood that this form demand Plan shall be without reimbursement unless other. Providing Jurisdictions. Such an agreement does not guaranteed.	oes not constitute a contract with the Requesting	relified to fulfill the corresponding request end is
JACE HUGGINS CHIEF AND Print Name and Title	DMAI CONTROL	12
Print Name end Title	OFFICEN /	Signature
Potent	ial EMMA Resource Information	on.
(For Requesting Jurisdiction only: Check the		
Name: NAONT MICKLE	Cell Phone:	Alt Phone: (916)54-5377-
Emall: @ City of Sacramento.	Available for the period	
Ahla to parform the tacks	No Security Clearance (If applicable)?	Yes D No
Equipment needed for deployment as specified above is available?	Yes No Has been made avexpected working	ware of the conditions?
Experience / EOC Position Credentials: CURRENT A (O W) Cyulphurt Special Skills / Certifications / Licenses:	* trang	
Emergency Contact Name:	elationship:	Cell Phone: Alt Phone:
	Additional Comments:	() - () - ,

Time Reported by Date by EmpilD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmpilD - 0020933

Sacpy07

Amount	192.39	384,79	48.10	48.10	16.83	240.49	192.39	192.39	192.39	192.39	192.39	192.39	192.39	164.26	192.39	192.39	192.39	180.37	3,199.27	3,199,27
Rate	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24,05	24.05	24.05	24.05	24.05	24.05	24.05	24.05	24 05	24.05		
Hours	8.00	16.00	2.00	2.00	0.70	10.00	8.00	8.00	8.00	8.00	000	000	8.00	683	8,00	8.00	8.00	7.50	201.78	201.78
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Date	11/24/2018	12/8/2018	12/9/2018	12/12/2018	12/13/2018	11/21/2018	11/27/2018	11/28/2018	11/29/2018	11/30/2018	12/2/2018	12/3/2018	12/4/2018	12/5/2018	12/6/2018	12/10/2018	12/11/2018	12/1/2018		
Name McCall bloom Both	יאיכי ביי ייייי פיייי	McCall, Naomi-Beth	McCall, Naomi-Bath	McCall,Naomi-Beth	McCall, Naomi-Beth	McCall, Naomi-Beth	McCalf,Naomi-Beth	McCaff,Naomi-Beth	McCall, Naomi-Beth	McCall, Naoml-Beth	McCall, Naomi-Beth	Totals for McCall, Naomi-Beth	Totals for Department - Animal Enforcement/Field Ser							
Emplid	000000	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933	0020933		
Deptid 21001421	24004424	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421	21001421		

* OUT Rate should be 1.5x

	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECOR	ENT OF ERGEN UNT L	F HOME ICY MAN	LAND SE JAGEMER SUMMAI	AND SECURITY GEMENT AGENCY UMMARY RECORD	4C∀ 30RD	,	PA	PAGE	OF.	O.M.B. No. 1660-0017 Expires December 31, 2	O.M.B. No. 1660-0017 Expires December 31, 2011
SACKAUMENTO CH		מוועק	Animal Cartral	lady	PA ID NO.	Э.	PR	PROJECT NO.	0	Oamo Rive	e/	
W.	C.A /	BUHE	<u>න</u>	Cant			ro	CATEGORY	E.	PERIOD COVERING	11 18 18 - 12 18 18	<u>⊗</u>
	22	رند) ct	San	8	क्	Geld	Seruce.	S. Interv	nation	A soon	Ved at	٠ ځ
یسے	US lan	, WQ	Thea	ک ک	VADE	124	Frat +	and submitted to NVADA at that time, specific start fend times are	CITIC SI	tar 10	rd times	are
longer availe	ev.					-						
NAME		DY	DATES AND		WORKED	HOURS WORKED EACH WEEK	X			COSTS		
ПЕ	DATE it	. S	12/1/18	3/4/18			·	TOTAL	HDURLY	BENEFIT	TOTAL HDURLY RATE	TOTAL
Naomi-Belln McCall	REG.											
Animal Continue Officer	O.T.	15	15	83		•		38	\$24.05			\$ 1,371.99
NAME	REG.											
ЈОВ ТП.Е	O.T.											
	REG,											
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I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINEO FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUOIT.	NFORMATIC	N ABOVE	E WAS OBT	TAINEO FRO	M PAYROL	L RECORDS,	INVOICES, OR	OTHER DOCUMEN	TS THAT ARE A	VAILABLE FOR	AUOIT.	
CERTIFIED					TIME					DATE		

E	MMA	FORM	1-	RESOURCE	REQUEST
8.	ASS	GNME	NT		

(Rev. 2/27/13)

Part A of this form must be ettached to a RIMS Mission Request when the request is submitted. Pert B must be attached to the RIMS Mission Request when en EMMA resource has been selected for essignment. The RIMS Mission Request may only be approved end a Mission # made evallable after Parts A and B ere completed end attached.

Request #: (Generated by Requesting

Request #: (Generated by Requesting Annul Audo Jurisdiction to match Parts A and B.)

Incident Name: CAMP Fix

Request Date / Time: MJ + PM /

Approved RIMS Mission #:

(May only be generated after EMMA resource

PART B (To be completed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAMONTO
24 Hour Phone Number: (46) 547-557,7
EMMA Coordinator / PRIMARY Point of Contact Name: DAEE HOGEINS
Position / Title: CHIEF ANIMAL CONTROL Phone: (946) 579-5577. Alt Phone: () -
Fax: () - E-Mail: Shuggins@ cityof sucramento, orey
Alternate Point of Contact (Optional):
Position / Title: Phone: () - , Alt Phone: () - ,
Fax: () - E-Mail:
Providing Jurisdiction Authorization: (The following signature of en authorized officiel of the Providing Jurisdiction indicates the Providing Jurisdiction has made a good-faith effort to ensure the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request end is available for deployment. It is understood that this form does not constitute a contract with the Requesting Jurisdiction. Mutual aid extended under the EMMA Plan shall be without reimbursement unless otherwise expressly provided for in a separate pre/post-event-agreement between the Requesting and Providing Jurisdictions. Such an agreement does not guarantee state or federal reimbursement.)
DACE HUGGINS CHIEF ANIMAL CONTROL Print Name and Title OFFICY Signature
Print Name and Title Office Signature
Potential EMMA Resource Information:
(For Requesting Jurisdiction only: Check this box to select EMMA resource for essignment.)
Name: Allisin NIUSIN Cell Phone: (916) 584 4857 Alt Phone: (916) 54-5377
Email: Anuls on Chyofsacramento org Available for the period specified above? Thes I No
Able to perform the tasks
Equipment needed for deployment as Specified above is available? No Has been made aware of the expected working conditions?
Experience / EOC Position Credentials: Current Alo wil Equipment & transport
Special Skills / Certifications / Licenses:
Emergency Contact Name: Relationship: Cell Phone: Alt Phone:

Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmpliD - 0017/125

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329.87	41.23	8.00	REG	11/30/2018	Nielson, Allison	0017125	21001431
329.87	41.23	8.00	REG	11/29/2018	Nielson, Aliison	0017125	21001431
329.87	41.23	8.00	REG	11/28/2018	Nielson, Allisan	0017125	21001431
329.87	41.23	8.00	REG	11/27/2018	Nielson, Allison	0017125	21001431
329.87	41.23	8.00	REG	11/26/2018	Nielson, Allisan	0017125	21001431
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FED FORG	DEPARTMENT OF HOMELAND SE FEDERAL EMERGENCY MANAGEMEN FORCE ACCOUNT LABOR SUMMA	AND SECURITY AGEMENT AGENCY UNIMARY RECORD	PAGE	9F	O.M.B. Expires D	O.M.B. No. 1660-0017 Expires December 31, 2011
SACIZIMENT CITY	Animal Can	PA ID NO. PROJECT NO.	10.	DISASTER Colym	SASTER JOIMO FIVE	
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no longer available.	L.					
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СЕКТІРІЕD		тпе			DATE	
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Ancident Name:	2. Operational Period:	Date From: It a	1, 1 28-24 Date To: 10 20 + 1/28/24 HMM Time To: 11HMM
Whame:	4. ICS Position: PANIMU (Mfm)	affrer	5. Home Agency (and Unit): City of Sucramento Animal (a
6. Resources Assigned:	~		
Name	ICS Posit	lion	Home Agency (and Unit)
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7. Activity Log:		-	
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8. Prepared by: Name: (Fracta			
7 1 1 X M	Position/Title: 9	Sr. Amirnal Ca	who Signature: Ullighus
ICS 214, Page 1	Date/Time: Date	officer	7 27 19

EMMA FORM 1- RESOURCE REQUEST & ASSIGNMENT (Rev. 2/27/13)	Request #: (Generated by Requesting Animal Found Jurisdiction to match Parts A and B.) Incident Name: Amy fine
Pert A of this form must be attached to e RIMS Mission Request when the request is submitted. Pert B must be ettached to the RIMS Mission Request when en EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and e Mission # made aveileble after Parts A and B are completed end attached.	Request Date / Time: / Approved RIMS Mission #: (May only be generated after EMMA resource hes been selected for assignment.)
PART B (To be complete	ed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAMO	UTO
24 Hour Phone Number: (916) 599-557,7	
EMMA Coordinator / PRIMARY Point of Contact Name:	hee Huggins
Position/Title: CHIPF ANIMAL CONTROL Pr	
Fax: () - E-Mail: Shuggins@ cityof.	sucramento, over
Alternate Point of Contact (Optional):	U
Position / Title:	one: () - , Alt Phone: () - ,
Fax: () - E-Mall:	
EMMA Plan shall be without reimbursement unless otherwise expressly providing Jurisdictions. Such an agreement does not guerantee state or fed	a contract with the Requesting Jurisdiction. Mutuel aid extended under the rided for in e seperete pre/post-event agreement between the Requesting and eral reimbursement.)
Print Name and Title OFFICE	or //
Print Name and Title 0+10	Signature
Potential EMMA R	esource Information:
(For Requesting Jurisdiction only: Check this box to select	
Name: CALYN Soms Coll P	
Email: @ City of Sacramento . oray	Available for the period specified above? No
	urity Clearance Yes No
Equipment needed for deployment as specified above is available?	o Has been made aware of the expected working conditions?
Experience / EOC Position Credentials:	
Current Alo we equipment & trans	7
Special Skills / Certifications / Licenses:	
Emergency Contact Name: Relationship:	Cell Phone: Alt Phone:
Additional	Comments:

EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information: Incident Name: Assignment Location (EOC, Composition/Task: Shift (Day / Night): Assignment Dates: Number of Shifts (In days, do not in		lc.):		
 A. Mobilization Process: Alert Notification Recruitment Assignment Briefing Comments (Attach an addition 	Excellent Excellent Excellent Excellent nal page if necess	Good Good Good ary):	Poor Poor Poor	
 B. Assignment Support: Travel Arrangements EOC In-processing Deployment Support Kit SOPs/Forms Comments (Attach an addition 	Excellent Excellent Excellent Excellent Excellent al page if necess	Good Good Good Good Good ary):	Poor Poor Poor	□ N/A
 C. Demobilization Process: EOC Out-processing Personal Expense Reimbursement Post-Assignment Debriefing Overall Experience Comments (Attach an addition 	Excellent Excellent Excellent Excellent Excellent and page if necess	☐ Good ☐ Good ☐ Good ☐ Good ary):	Poor Poor Poor	

D. General Comments/Suggestions

Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0018911

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ote O	11/22/2018	11/23/2018	445545040	1 1/2 1/2018	11/25/2018	11/27/2018	11/28/2018	11/29/2018	11/30/2018	12/2/2018	12/3/2018	12/4/2018	12/5/2018	12/6/2018	12/8/2018	4200000	12/3/2018	12/10/2018	12/11/2018	12/12/2018	12/13/2018	11/26/2018	12/1/2018			
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a)		الا ال	Canhy			CATEGORY		Ë	UOD COVERING	FERIOD COVERING	<u></u>
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I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER OOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	INFORMATION AB	OVE WAS OF	TAINED FRO	M PAYROLL R	ECORDS, INV	OICES, OR OTHE	ROCCUMENTS	THAT ARE AN	ALABLE FOR	AUDIT.	
CERTIFIED (JUNY MIGH				TITLE ()	7 Minna	. Amend Cadrol officer	afficer		OATE	2/27/19	
FEMA Form 90-123, FEB 09 ()											

1 Incident Name:		2. Operational Date Period: Time	From: 12/12/1/2/1/Date To From: HHMM Time To	: 12/6 + 12/14 : HHMM
3. Name:		4. ICS Position:		
		Animal care technices	5 Home Agency	
6. Resources Assi		THE WALLET THE THE TENTE TO THE	Di COSTON SACIAL	mento Frantsfreez
Na		ICS Position	Home Age	ncy (and Unit)
		The state of the s		noy (und Orne)
		-		
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7. Activity Log:				
Date/Time	Notable Activities			
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ICS 214, Page 1		Date/Time: Date		

EIVIIVIA FORIVI	<u> 5 - INDIVII</u>	DUAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification) 3. Arrival Date/Time
CAMP FIRE		12/10/18 1800 12/6/18 070
4. Name of Released Britta	2 Ridge	5. Position of Released Control Officer
(Returning via Airline Name & Flight	Number, POV)	
6. Transportation Type	T	
7. Actual Release Date/Time	8. MR (RIMS	T # Mission Tasking Number)
9. Destination (Location Agreed Upo	on) 10. No	otified: Agency () Region () Area () Dispatch ()
	Name:	one, list Information below)
11.Cell Phone or Emergency Contact	Time:	
	Date:	
12. EMMA Coordinator Name (Provi		Suc DES / GNDY MACHADO
		13. Unit/Personnel
You have been released subject to sig (Demobilization Unit Leader check the	n off from the follo appropriote box)	owing:
Logistics Section	C	omment and Sign Off
{ } EMMA Coordinator	EMMA Form 3 – L EMMA Form 4 - E	Voluntory Performance Roting Copy Provided? Y · N xit Survey Provided? Y N
{ } Supply Unit		
{ } Communications Unit		
{ } Facilities Unit		
Ground Support Unit	Field Si	year Is
Plans/Intel Section	Co	omment and Sign Off
{ } Documentation Unit		
Finance/Admin Section	Ca	omment and Sign Off
{ } Time Unit		
Other	Co	omment and Sign Off
()		
()		
14. Remarks		
No one was	q ctu	ely dong Demois preservork
15. Prepared by (include Date and Tim	ie) J. Hun	ghs 2-27

EMMA FORM 1- RESOURCE REQUEST	Jurisdiction to match Parts A and B.)
& ASSIGNMENT	
(Rev. 2/27/13)	Incident Name: CAMP fine
Pert A of this form must be attached to a RIMS Mission Request when the request is submitted. Part B must be attached to the RIMS Mission	Request Date / Time: whipu /
Request when an EMMA resource hes been selected for essignment. The RIMS Mission Request mey only be epproved and a Mission # made	Approved RIMS Mission #:
available efter Perts A and B ere completed and attached.	(May only be generated after EMMA resource has been selected for assignment.)
PART B (To be complet	ed by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAME	010
24 Hour Phone Number: (9%) 599-537;7	
EMMA Coordinator / PRIMARY Point of Contact Name:	ee Huggeins
Position / Title: CHIEF ANIMAL CONTROL PHOTOCOL	one: (916) 577-5377; Alt Phone: () - ,
Fax: () - E-Mall: Shuggins@ Cityof.	sucramen to s over
Alternate Point of Contact (Optional):	· ·
Position / Title: Ph	one: () - , Alt Phone: () - ,
Fax: () - E-Mall:	
available for debioditietir, it is directlood flight fills form does not constitute	arce(s) listed on this form is qualified to fulfill the corresponding request and is a contract with the Requesting Jurisdiction. Mutual aid extended under the rided for in a separate pre/rost-everthearcement between the Requestion and
	oral formal form
	01 /2
JACE HUGGINS CHIEF ANIMAL CONTROL Print Name and Title OFFICE	Signature
JACE HUNGINS CHIEF ANIMAL CONTROL Print Name and Title OF FILE Potential EMMA R	Signature esource Information:
ALE HUNGINS CHIEF ANIMAL CONTROL Print Name and Title Potential EMMA R For Requesting Jurisdiction only: Check this box to select	Signature esource Information: EMMA resource for assignment.)
Print Name and Title Potential EMMA R For Requesting Jurisdiction only: Check this box to select Name: hotham Ridge Cell P	Signature esource Information: EMMA resource for assignment.) hone: () - Alt Phone: (96)54-5337
Print Name and Title Potential EMMA R For Requesting Jurisdiction only: Check this box to select Name: Britany Ridge Cell P	Signature esource Information: EMMA resource for assignment.)
Print Name and Title Potential EMMA R Potentia	Signature esource Information: EMMA resource for assignment.) hone: () - Alt Phone: (96)54-5337
Print Name and Title Potential EMMA R Potentia	Signature esource Information: EMMA resource for assignment.) hone: () - Alt Phone: (%)54-5337 Available for the period specified above? No urity Clearance Yes No Has been made sugges of the
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Time Reported by Date by EmplID or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0017647

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3,216.03		176.00			Totals for Department - Animal Care/Shelter		
3,216.03		176.00			Totals for Ridge, Brittney		
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188.07	18.81	10.00	REG	12/10/2018	Ridge, Brittney	001/647	21001431
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188.07	18.81	10.00	REG	12/5/2018	Ridge, Brittney	0017647	21001431
188.07	18.81	10.00	REG	12/4/2018	Ridge, Brittney	0017647	21001431
188,07	18.81	10.00	REG	12/3/2018	Ridge, Brittney	0017647	21001431
188.07	18.81	10.00	REG	12/2/2018	Ridge, Brittney	0017647	21001431
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188.07	18.81	10.00	REG	11/21/2018	Ridge, Brittney	0017647	21001431
94.04	18.81	5.00	DVT	12/14/2018	Ridge, Brittney	0017647	21001431
188.07	18.81	10.00	DVI	12/13/2018	Ridge, Brittney	0017647	21001431
188.07	18.81	10.00	<u> </u>	12/6/2018	Ridge, Britmey	0017647	21001431
150,46	18.81	8.00	HYE	11/23/2018	Ridge, Brittney	0017647	21001431
150.46	18.81	8.00	MYE	11/22/2018	Ridge, Brittney	0017647	21001431
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CERTIFIED OUT THAT						. AM.	mal	Carchie	Sr. Animal Control offille	Cer	OATE	2127/19	
FEMA Form-90-123, FEB 09													

1. Incident Name:	2. Operational	Date From: 1/12	le Date To: jb/z 8	
Camp Fire	Period:	Time From: HE	7— 9	
3. Name:	4, ICS Position:		5. Home Agency (and Unit): The	
Losa Johnson	Animal Care	techniens	Cety of Jaciamento 5	me.
6. Resources Assigned:		- (CEASICALIA PRO	Carl Machine Co. 1	1.4
Name	ICS Posi	tion	Home Agency (and Unit)	

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7. Activity Log:		-		
Date/Time Notable Activities				-
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8. Prepared by: Name: >, \tv99.	Position/Title:		Signature:	
ICS 214, Page 1	Date/Time: Date		tw L. JT	
- 112 - 1134				

EMMA FORM	5 - INDIV	/IDUAL DEMOBILIZATION CHECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification) 3. Arrival Date/Time
CAMP FIRE		11/26/18 200 hrs 11/26/18800
4. Name of Released	n	S. Position of Released Control Officer
(Returning via Airline Name & Flight N		
6. Transportation Type		
7. Actual Release Date/Time	8. 1	MRT#
	(RIN	MS Mission Tasking Number}
9. Destination (Location Agreed Upor		Notified: Agency { } Region { } Area { } Dispatch { }
	(cne	eck one, list information below}
	Ivan	ne:
Ad Coll Phone on F.	——— Time	· ie:
11.Cell Phone or Emergency Contact #		
	Date	<u>-</u>
12. EMMA Coordinator Name (Provid	ing Jurisdiction	SECUES / CINDY /VIACITIANO
		13. Unit/Personnel
You have been released subject to sign		
(Demobilization Unit Leader check the Logistics Section	appropriote bo	
Logistics Section	CAAAAA Forman 2	Comment and Sign Off
{ } EMMA Coordinator	EMMA Form 4	3 - Voluntory Performance Roting Capy Provided? Y ' N 4 - Exit Survey Provided? Y N
{ } Supply Unit		
{ } Communications Unit		
{ } Facilities Unit		
() Ground Support Unit	field:	Support IZS
Plans/Intel Section	_	Comment and Sign Off
{ } Documentation Unit		
Finance/Admin Section		Comment and Sign Off
{ } Time Unit		
Other		Comment and Sign Off
{ }		
{ }		
14. Remarks		
No one was	act	tuly dong Dernois preparwork
1S. Prepared by (Include Date and Tim	e) J. H	Nogans 2-27

Request Date Times	EMMA FORM 1- RESOURCE REQUEST	Request #: (Generated by Requesting Jurisdiction to metch Parts A and B.)
Approved RIMS Mission #: Reguest when a RiAM resource is been selected for esignment. The Reguest when a RiAM resource is been selected for esignment. The Reguest when a resource has been selected for esignment. The resource has been selected for estimate the resource of the resou	& ASSIGNMENT (Rev. 2/27/13)	Incident Name:
Request when an EMMA resource has been as elected for easignment. The RMMA Mison Request may only be approved and a Misled	Pert A of this form must be attached to a RIMS Mission Request when the	Request Date / Time: /
Providing Jurisdiction Name: (1	Request when an EMMA resource has been selected for essignment. The RIMS Mission Request mey only be approved and a Mission # made.	(Mey only be generated efter EMMA resource
Providing Jurisdiction Name: (1	PART B (To be complet	ed by Providing Jurisdiction)
EMMA Coordinator / PRIMARY Point of Contact Name:	Providing Jurisdiction Name: City of SACRAMO	010
Position / Title: CHIFF ANTWAL CONTROL Fax: () - E-Mail: Inagins @ city of Section and to area Alternate Point of Contact (Optional): Position / Title: Phone: () - Alt Phone: () Fax: () - E-Mail: Phone: () Alt Phone: () Fax: () - E-Mail: Phone: () Alt Phone: () Fax: () - E-Mail: Phone: () Alt Phone: () Fax: () - E-Mail: Phone: () Alt Phone: () Fax: () - E-Mail: Phone: () Alt Phone: () Fax: () - E-Mail: Phone: () Alt Phone: () Fax: () - E-Mail: Phone: () Alt Phone: () Fax: () - E-Mail: Phone: () Alt Phone: () Fax: () - E-Mail: Phone: () Alt Phone: () Fax: () - E-Mail: Phone: () Alt Phone: () Fax: () - E-Mail: Phone: () Fax: () - E-Mail: Phone: () Alt Phone: () Fax: () - E-Mail: Phone: () Fax	24 Hour Phone Number: (1/6) 547-557-7	
Fax: () - E-Mail: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	EMMA Coordinator / PRIMARY Point of Contact Name:	nee Mugalius
Alternate Point of Contact (Optional): Position / Title:	Position / Title: CHIFF ANIMAL CONTROL Ph	one: (946) 537-5377- Ait Phone: () - ,
Alternate Point of Contact (Optional): Position / Title:	Fax: () - E-Mail: Shuggins@ cityof2	sucramento, orey
Fax: () - E-Mall: Providing Jurisdiction Authorization: (The following signeture of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction Authorization: (The following signeture of an authorized official of the Providing Jurisdiction indicates the Providing Jurisdiction Authorization: Mutual defeated by the potential EMMA resource(s) listed on this form is qualified to fulfill the corresponding request and is everytheir the provided for the providing Jurisdiction. Mutual defeated whether durist the EMMA Plan shall be without reimbursement unless of therwise expressly provided for in a separate profpost-event-agreement between the Requesting and Providing Jurisdictions. Such en egreement does not guerantee state or federal reimbursement.) ALCE HUMALUS CHAPT ANIMAL CONTROL Print Name and Title Signature Potential EMMA Resource Information: Cell Phone: () - Alt Phone: () 574 - 5577 Email:	Alternate Point of Contact (Optional):	
Providing Jurisdiction Authorization: (The following signeture of an authorized official of the Providing Jurisdiction Indicates the Providing Indicates the Providing Jurisdiction Indicates the Providing Indicates the Providing Jurisdiction Indicates the Providing Indicates the Providing Jurisdiction Indicates the Providing	Position / Title: Ph	one: () - , Alt Phone: () - ,
Potential EMMA Resource Information: Potential EMMA Resource Information: Signature	Fax: () - E-Mall:	
The Requesting Jurisdiction only: Check this box to select EMMA resource for assignment.) Name: Lisa Johnson Cell Phone: () - Alt Phone: (96)5-H-53-FF Email: Lisa Johnson Available for the period specified above? If yes No Able to perform the tasks Tres No Security Clearance Tres No Equipment needed for deployment as Tres No Equipment needed for deployment as Tres No Experience / EOC Position Credentials: Orrant Alta Deen made aware of the expected working conditions? Tres No Experience / EOC Position Credentials: Orrant Alta Deen made aware of the expected working conditions? Tres No Experience / EOC Position Credentials: Orrant Alta Deen made aware of the expected working conditions? Tres No Experience / EOC Position Credentials: Orrant Alta Deen made aware of the expected working conditions? Alta Phone: Cell Phone: Alta Phone: Orrant Alta Phone: Orrant	evenuels for deployment. It is understood that this form does not constitute a EMMA Plan shall be without reimbursement unless otherwise expressly providing Jurisdictions. Such en egreement does not guerantee state or fed	a contract with the Requesting Jurisdiction. Mutual eld extended under the rided for in a separate pre/post-event agreement between the Requesting and eral reimbursement.)
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Available for the period specified above? Security Clearance (If applicable)? Equipment needed for deployment as specified above is available? Experience / EOC Position Credentials: (urrent the will equipment the transport of the expected working conditions? Experience / EOC Position Credentials: (urrent the will equipment the transport of the expected working conditions? Emergency Contact Name: Relationship: Cell Phone: Alt Phone:	I to the can	
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Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0012430

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I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.	INFORMAT	ION ABOV	TE WAS OB	TAINED FR	OM PAYRO	IL RECORE	S, INVOIC	ES, OR OTH	ER DOCUMENT	S THAT ARE A	VALLABLE FOR	AUOIT.	
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FEMA Form 90-123, FEB 09													

1-Incident Name:		5 - 5	
1/1	2. Operational	Date From: \P	-
Comptire	Period:	Time From: H	HMM Time To: HHMM
3. Name:	4. ICS Position:	۵۸.	5. Home Agency (and Unit):
John Sorrels	Phinal Control	afficer	City of Sacramento Animal Co
6. Resources Assigned:			
Name	ICS Pos	ition	Home Agency (and Unit)
A / /	3 11		
Nat Goard	5 Soldi.	ws	
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7. Activity Log:			
Date/Time Notable Activities			
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8. Prepared by: Name: C Frisch	Position/Title:	Sr. Animal a	
ICS 214, Page 1	Date/Time: Date	Officer	2/27/19

EMMA	FORM	1- F	RESOL	JRCE	REQU	EST
& ASS	IGNME	NT				

(Rev. 2/27/13)

Part A of this form must be attached to a RIMS Mission Request when the requeet is submitted. Part B must be attached to the RIMS Mission Request when an EMMA resource has been selected for assignment. The RIMS Mission Request may only be approved and a Mission # made available after Parte A and B are completed and attached.

Request #: (Generated by Requesting Animal fills

Jurisdiction to match Parts A and B.)

Service >

Incident Name: Chap file

The Animal File

Request Date / Time:

Approved RIMS Mission #: (May only be generated after EMMA resource has been selected for assignment.)

PART B (To be comp	leted by Providing Jurisdiction)
Providing Jurisdiction Name: City of SACRAI	nauto
24 Hour Phone Number: (9%) 599-557;7	
EMMA Coordinator / PRIMARY Point of Contact Name:	JACE HUGGINS
Position/Title: CHIPF ANIMAL CONSTROL	Phone: (916) 537-557-7. Alt Phone: () - ,
Fax: () - E-Mall: Shuggins@ cityo	f shoramento, org
Alternate Point of Contact (Optional):	
Position / Title:	Phone: () - , Alt Phone: () - ,
Fax: () - E-Mail:	
available for deployment. It is understood that this form does not consti	
Potential EMM	A Resource Information:
(For Requesting Jurisdiction only: Check this box to see	
	all Phone: () - Alt Phone: (96)54-5377
Email: Isorrels @ Cityofsacramento.org	Available for the period specified above?
· · · · · · · · · · · · · · · · · · ·	Security Clearance Yes No
Equipment needed for deployment as specified above is available?	□ No Has been made aware of the expected working conditions? □ Yes □ No
Experience / EOC Position Credentials: CUTTENT A CO WI Equipment & tr Special Skills / Certifications / Licenses:	any
Emergency Contact Name: Relationship	Cell Phone: Alt Phone:
Addition	onal Comments:
Addition	mai comments.

Time Reported by Date by EmpliD or Dept From 11/21/2018 to 12/14/2018 From Department 21001011 to Department 21001441 TRC - % and EmplD - 0006375

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O.M.B. No. 1560-0017 Expires December 31, 2011 TOTAL \$ 1991 L 1901 Reported to town of Januarise for fleid Services. Information was filted at in appearate that the specific start long times are appearable and show they to NVADA at that time. Specific start long times are PERIOD COVERING 11 13 18 - 12 18 19 2/27/19 TOTAL HOURLY RATE CERTIFY THAY THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER COCUMENTS THAT ARE AVAILABLE FOR AUDIT. DISASTER CAMORIA DATE BENEFIT RATE/HR COSTS 능 HOURLY RATE 4.4 Sr. Animal Contra 1 of 1 ec TOTAL 9 PROJECT NO. CATEGORY TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME DATES AND HOURS WORKED EACH WEEK DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD PAID NO. $\frac{\Xi}{8}$ 0 LOCATIONSITE Paraduse, CA / BUHE COMPY 11 28 SACraments City Animal Cartai 0 W 27 0 11/21/2 9 DATE REG. 0.T. REG. 0.T. REG. 0,T, REG. 0.T. no longer anculable. Cado Enforement officer DESCRIPTION OF WORK PERFORMED JOHN. SOWELS JOB TITLE JOB TITLE JOB TITLE JOB TITLE CERTIFIED NAME NA PAR

FEMA Form 90-123, FEB 09

1. Incident Nam Camp Fire	e:	2. Operational Period:	Date From: 11/21/2018	Date To: 11/21/2018
	·		Time From: 07	700 Time To: 1830
3. Name: Adrian		4. ICS Position: Chico Airport Shelter	Lead	5. Home Agency (and Unit):
6. Resources As				
	lame	ICS Pos	sition	Home Agency (and Unit)
Allison Nielson		Shelter Aide		City of Sacramento
7. Activity Log:				
Date/Time	Notable Activities			
11/21 0700	Check in at EOC			
11/21 0730	Check in at Chico A	irport Shelter		
11/21 0800	Clean cat kennels			
11/21 0830	Load/Transport sup	plies to an offsite vet	hospital	
11/21 1030		sport and clean cat ke		
11/21 1830	Release from duties			
B. Prepared by:	Name: Allison Nielson	Position/Title:	Shelter Aide	Signature: 10 11 11

1. Incident Name/Number: Camp Fire			UAL DEMOBILIZATION (2. Date/Time (Of Release NotIfication) 11/21/2018 1830	3. Arrival Date/Time
4. Name of Released	· · · · ·		5. Position of Released	11/21/2018 0700
Alilson Nielson			Sheiter Aide	
(Returning via Airline Name & Flig 6. Transportation Type: City vehic	ht Number, P	OV}		
7. Actual Release Date/Time	ie	O BADT	10	
11/21/2018 1830			f Camp Fire ission Tasking Number)	
9. Destination (Location Agreed L	Jpon)	10. Notif	ied: Agency () Region () Area ()	Dienetch ()
EOC, then to Chico Airport Sheiter		(check or Name:	ne, list information below)	Dispatch ()
11.Cell Phone or Emergency Conta	ct#	Time:		
		Date:		
12. EMMA Coordinator Name (Pro	oviding Jurisd	iction) Cit	y of Sacramento	
		13.	Unit/Personnel	and the second second
ou have been released subject to	sign off from	the follow	ing:	
Demobilization Unit Leoder check	the opproprio	te box)		
ogistics Section		Com	ment and Sign Off	
) EMMA Coordinator	EMMA Fo	rm 3 – Voli rm 4 - Exit	untory Performonce Roting Copy Provided? Survey Provided? Y N	Y N
) Supply Unit				
} Communications Unit				
) Facilities Unit				
} Ground Support Unit				
ans/Intel Section	775 A	Comr	nent and Sign Off	
) Documentation Unit				
nance/Admin Section	140	Comn	nent and Sign Off	
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her	12.11.11.11	Comm		
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Remarks				
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	encerout pro	cedare per	formed with me, I was Just advised by Shel	ter Lead that I could lea

EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information: Incident Name: Camp Fire Assignment Location (EOC, Comn Position/Task: Shelter Aide Shift (Day / Night): Day Assignment Dates: 11/21/2018 Number of Shifts (In days, do not in		:.): Chico Airpo	rt	
 A. Mobilization Process: Alert Notification Recruitment Assignment Briefing Comments (Attach an addition 	Excellent Excellent Excellent Excellent al page if necessa	☐ Good ☐ Good ☐ Good ry):	⊠ Poor ⊠ Poor ⊠ Poor	
 B. Assignment Support: Travel Arrangements EOC In-processing Deployment Support Kit SOPs/Forms Comments (Attach an additional 	Excellent Excellent Excellent Excellent Excellent al page if necessar	Good Good Good Good	⊠ Poor ⊠ Poor ⊠ Poor ⊠ Poor	□ N/A
C. Demobilization Process: EOC Out-processing Personal Expense Reimbursement Post-Assignment Debriefing Overall Experience Comments (Attach an additional	Excellent Excellent Excellent Excellent Excellent page if necessar	☐ Good ☐ Good ☐ Good ☐ Good y):	✓ Poor✓ Poor✓ Poor✓ Poor	

D. General Comments/Suggestions

I only attended for one day as my skills and knowledge were extremely underutilized. I am a shelter manager and prior animal control officer. A shelter manager was requested and when I arrived I was instructed to fall in line and do as I was told. I was asked to head to the Chico Airport shelter where I was instructed to clean and box up cats for the duration of the day. I do not feel that I am better than anything and as such did whatever I could to help, but I feel I was not utillized in the most effective manner. Communication was also very limited and upon release was just told that I could leave.

EMMA FORM	5 - INI	DIVID	UAL DEMOBILIZATION C	HECKOUT
1. Incident Name/Number			2. Date/Time (Of Release Notification)	3. Arrival Date/Time
Pardise Compfine			11/21 + 11/29-30	0700
4. Name of Released			5. Position of Released	
(Returning via Airline Name & Flight I	Number, Pi	OV}	Animal control office	2/
6. Transportation Type Dyove	City u	rehicl	.0	
7. Actual Release Date/Time	•	8. MRT	†	
11/21,1830 + 11/30, 18.	Sour		ission Tasking Number}	
9. Destination (Location Agreed Upo	_	10. Noti	fled: Agency { } Region { } Area { }	Dispatch { }
EOC > Chic Aup	CVF	Name:	ne, list information below}	
2000 Silver Land		, vanie.		
11. Cell Phone ar Emergency Contact	H	Time:		
, amount notice at minor Bernet contract,		D=4=:		
12 FABAA Coordinates Nove (Durch		Date:		
12. Elvinia Coordinator Name (Provi	aing Jurisa	liction]	ty of Sacramento Av	umal ambos
23. 344,34.7		19	outhing and all the second of	
You have been released subject to sig			/ing:	
(Demobilization Unit Leader check the	e approprie			200.000 - 100.000000000000000000000000000
Logistics Section	504040 50		nment and Sign Off	
{ } EMMA Coordinator			funtory Perfarmance Rating Copy Provided **Survey Provided?** N	? Y N
{ } Supply Unit			y K	
{ } Communications Unit				
{ X} Facilities Unit				
{ √} Graund Support Unit				
Plans/Intel Section	North Miles	Con	ment and Sign Off	
{ } Documentation Unit				the strong or freedom attaches owner.
Finance/Admin Section		Can	nment and Sign Off	
{ } Time Unit				
Other	at to come	Con	ment and Sign Off	
{ }				
(}				
14. Remarks				
For Chico Airport	onn	121, I	: Checked in at the EOC a	and was deproyed
to be one arrow to cle	lan Ca	r kem	nels and box lassist wi	tu transport. I
1			any official Chords at	, ,
For field services, Ic and when leaving on and Dispatch unch. 15. Prepared by (Include Date and Tin	11/30 ti	din on the e	Ut 2800 richter in the more vening, was Cheiled at k	in ing on 11/29 by chief Jace Huggins

EMMA FORM 4 - EXIT SURVEY

EMMA System Evaluation

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EMMA Plan. Please complete this form and return it to your requesting EMMA Coordinator and leave a copy with your assignment supervisor prior to departure.

<u>Assignment Information:</u>			
Incident Name: Camp five -1	Paradise		
Assignment Location (EOC, Comp Position/Task: Chico Arc par- Shift (Day / Night): Day	mand Doot Figial at	to): Field	+ Chico Auport
Shift (Day / Night): Day		- seposper + 1	FIELD & HELD PERSONSE
Assignment Dates: 11/21, an Number of Shifts (In days, do not in	d 11/29 - 11/3	0	
Trainible of offices (in days, do not in	iciude travel): 3		
A. Mobilization Process:			
 Alert Notification 	☐ Excellent	Good	1 Poor
 Recruitment 	Excellent	Good	⊠ Poor
Assignment Briefing	☐ Excellent	Good	Poor
Comments (Attach an addition	al nage if nages	224	
News of the wildfire was s	spread by news S	tations, or	lepartment and other sout
Such that accurating we coul	d help but vec	ewed no repu	department and others sent
B. Assignment Support:			
 Travel Arrangements 	Excellent	₩ Good	Poor
 EOC In-processing 	Excellent	 Good	Poor
 Deployment Support Kit 	Excellent	Good	Poor N/A
SOPs/Forms	Excellent	☑ Good	Poor
Comments (Attach an addition	al page if necessa	ary):	
Very discrepanized at for different methods of doc	irst bit Chang	res were sla	why marde to improve -
C Damabilization Do	imenting a	numers	·
C. Demobilization Process:		processing and the same of the	
EOC Out-processing Pemenal Evaporation	Excellent	Good	Poor
 Personal Expense Reimbursement 	Excellent	☐ Good	Poor NA
	[] Farmelland	[Tale .	\
Post-Assignment DebriefingOverall Experience	Excellent	₩ Good	Poor
	Excellent	⊞ Good	Poor
 Comments (Attach an additional 	ai hage it necessa	ry):	

D. General Comments/Suggestions

EMMA FORM	5 - INDIVID	DUAL DEMOBILIZATION C	HECKOUT
1. Incident Name/Number		2. Date/Time (Of Release Notification)	3. Arrival Date/Time
Camptine			11-25-18 0800
4. Name of Released Johnson	\sim	S. Position of Released Animal Ca	we Tealinician
(Returning via Airline Name & Flight I	Number, POV)	337117100	or conficient
6. Transportation Type Derson			
7. Actual Release Date/Time	8. MRT (RIMS N	# Aission Tasking Number) Camp F	ire
9. Destination (Location Agreed Upo	n) 10. Not	dified: Agency { } Region { } Area { }	Dlspatch { }
Butte	4	one, list information below)	
	Name:		
11.Cell Phone or Emergency Contact #	Time:		
Takeen Thome of Emergency Contage ?	Date:		
12. EMMA Coordinator Name (Provi			
		3. Unit/Personnel	
You have been released subject to sig			
(Demobilization Unit Leader check the			
Logistics Section		mment and Sign Off	
{ } EMMA Coordinator		oluntory Performonce Roting Copy Provided it Survey Provided? Y N	? Y N
{ } Supply Unit		it survey fromted:	
{ } Facilities Unit			
{ } Ground Support Unit			
Plans/Intel Section	Cor	mment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section	Co	mment and Sign Off	
{ } Time Unit			
Other	Cor	mment and Sign Off	
{ }			
{ }			
14. Remarks			
15. Prepared by (include Date and Tim	ne}		

1. Incident Name:				te II-25-18 Date To: Date II-27-18	
Campfire			Time From: HHMM 0800 Time To: HHMM 1800		
3. Name:		4. ICS Position:		5. Home Agency (and Unit):	
Sarah A		La. Anim	kl Mna.	City of Sacranewo Animal Senice	
6. Resources Assi	-				
Name		ICS Position		Home Agency (and Unit)	
Leese Johnson		Animal Care-large Animal		City of Sacramont, Animal Sorvice	
			3		
1			,		
7 Activity Logs					
7. Activity Log: Date/Time	Notable Activities				
			<u> </u>	^ (
11-25-18	Corred For large animals/livestock-Chickens				
11-26-18	Н с	11 0 11	4	-Sheep goals, Digs	
11-27-18	16 (1	11	l _i	- Sheep, goods, Dids, Chickens	
		· · · · ·			
				,	
					
		.			
	-	·			
0 D		A	10		
	iame: Leege Joh	Non Position/Title:		Signature: Juliu	
ICS 214, Page 1 Date/Time: Date 2 - 11 - 19					